PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590   07/29/2003

Burton A. Amernick
Connolly Bove Lodge & Hutz LLP
Suite 800
1990 M Street, N.W.
Washington, DC 20036-3425

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/895,160	07/02/2001	Olof Malmstrom	1499/00048	1773

TITLE OF INVENTION: METHOD OF MAKING SIZED PAPER, A SIZED PAPER GRADE, AND A PAPER SIZE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	$1300	$300	$1600	10/29/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
HALPERN, MARK	1731	162-179000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **RAISIO CHEMICALS LTD.**   (B) RESIDENCE: (CITY and STATE OR COUNTRY)

RAISIONKAARI 60

FIN-21200, RAISIO, FINLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☑ Issue Fee

☑ Publication Fee

☐ Advance Order - # of Copies _____

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(Authorized Signature)	(Date)

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| 10/30/2003 | 00000108 | 1 | 1501 | $1,330.00 | 10/29/2003 | DA 220185 |
| 10/30/2003 | 00000109 | 1 | 1504 | $300.00 | 10/29/2003 | DA 220185 |

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.   OMB 0651-0033   U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE